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Atty Docket No. 021919-000520US

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner Group Art Unit 3725
TELEPHONE NO.:

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FOR THE PERSONAL ATTENTION OF
EXAMINER**

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I hereby certify that the following document(s) in re Application of Kevin L. Corcoran, et al., Application No. 10/664,011, filed September 15, 2003 for DIE PRESS WITH INTEGRAL COVER AND GUIDES AND IMPROVED DIE FEED SYSTEM is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form;
2. Fee Transmittal (in duplicate); and,
3. Preliminary Amendment.

Number of pages being transmitted, including this page: 16

Dated: March 11, 2004

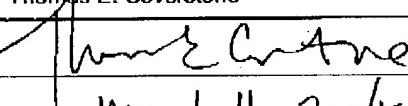

Jeanette M. Olivera

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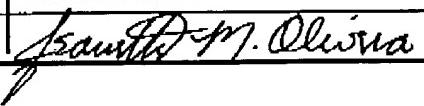
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/664,011
		Filing Date September 15, 2003
		First Named Inventor Corcoran, Kevin L.
		Art Unit 3725
		Examiner Name
Total Number of Pages in This Submission 15		Attorney Docket Number 021919-000520US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Thomas E. Coverstone Reg. No. 36,492	
Signature		
Date	March 11, 2004	

CERTIFICATE OF MAILING

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Typed or printed name	Jeanette M. Olivera	
Signature		Date

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 277)

Complete if Known

Application Number	10/664,011
Filing Date	September 15, 2003
First Named Inventor	Corcoran, Kevin L.
Examiner Name	
Art Unit	3725
Attorney Docket No.	021919-000520US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 285	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1)		(5)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims	51	-35** = 26 X \$9 =	\$234
Independent Claims	4	-3** = 1 X \$43 =	\$43
Multiple Dependent		X _____ =	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue Independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$277)	

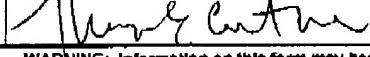
*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Entity	Entity	Small Entity	Entity
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1265	2,010	2255	1,005
1401	330	2401	185
1402	330	2402	185
1403	290	2403	145
1451	1,610	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	685
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	60	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)**

(\$)

SUBMITTED BY		<i>Complete if applicable</i>	
Name (Print/Type)	Thomas E. Coverstone	Registration No. (Attorney/Agent)	36,492
Signature			Telephone
			858-350-6100
Date	<u>March 11, 2004</u>		

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